

# NEW YORK STATE

## Arthritis Fact Sheet

---

### What is Arthritis?

The term “arthritis” covers more than 100 diseases and conditions affecting joints, the surrounding tissues, and other connective tissues. Arthritis and other rheumatic conditions include osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus, juvenile rheumatoid arthritis, gout, bursitis, rheumatic fever, Lyme arthritis, carpal tunnel disease and other disorders.<sup>1</sup> Defining arthritis in adults has evolved over time. Currently, *arthritis* is defined as physician diagnosed arthritis. *Possible arthritis* is characterized by pain, aching or stiffness in or around a joint within the past 30 days that has been present for 3 or more months.<sup>2</sup> If *possible arthritis* is suspected, a medical diagnosis should be sought.

### Who is Affected by Arthritis?

- 43 million adults age 18 and older report doctor-diagnosed arthritis.<sup>3</sup>
- Arthritis or chronic joint symptoms affects nearly one out of every three adults, or about 70 million Americans.<sup>4</sup>
- Over two thirds of people with arthritis are younger than 65 years of age.<sup>4</sup>
- Arthritis is expected to increase as the population ages with over 41.1 million adults age 65 years and older having arthritis or possible arthritis by 2030.<sup>5</sup>
- Nationally, approximately 285,000 or 0.5% of young people under the age of 16 are affected by arthritis.<sup>6</sup>
- Arthritis is the leading cause of disability in the United States.<sup>7</sup>
- Arthritis limits daily activities such as stooping, bending or kneeling in nearly 8 million adults.<sup>8</sup>
- Over 10 million adults with chronic joint symptoms had never seen a health-care provider for their condition.<sup>9</sup>
- Systemic Lupus Erythematosus (SLE) is a serious form of rheumatic disease that can affect several organs. Death rates from SLE are 3 times more likely in African American women aged 45-64 years than White women.<sup>10</sup>

### Cost of Arthritis

- Each year, arthritis results in 44 million physician visits, 750,000 hospitalizations and 36 million ambulatory care visits. Women accounted for 63% of these visits; 68% of these visits were by persons under 65 years of age.<sup>11</sup>
- Estimated medical care costs for arthritis total \$51 billion and \$86 billion in total costs (medical care and lost productivity).<sup>12</sup>

### New York Data

- Approximately 3.9 million New Yorkers, or 27.5% of New York’s adult population, report they have doctor-diagnosed arthritis.<sup>13</sup>
- Nearly 36% of New Yorkers with arthritis have limitations in their daily activities.<sup>13</sup>
- Nearly 58% of New York adults age 65 years and older, or 1.4 million, have arthritis. Nearly 37% of New Yorkers ages 45 to 64 have arthritis.<sup>13</sup>
- Approximately 32% of women and 23% of men in New York have arthritis.<sup>13</sup>
- In 1997, the total direct and indirect costs of arthritis care in New York State was nearly \$5.8 million.<sup>14</sup>

### Risk Factors for Arthritis

- **Women** make up nearly 60% of arthritis cases.<sup>4</sup>
- **Older age:** Nearly 60% of the elderly population has arthritis. Risk increases with age.<sup>4</sup>
- **Genetic predisposition:** Certain genes are known to be associated with a higher risk of some types of arthritis.<sup>1</sup>
- **Lyme disease:** Approximately 60% of patients with untreated Lyme disease will develop Lyme arthritis.<sup>15</sup>
- **Obesity:** Obesity is associated with gout in men<sup>16</sup> and osteoarthritis of the knee, hip and hand in women.<sup>17</sup>
- **Joint injuries:** Sports injuries, occupation-related injuries and repetitive use joint injuries can increase the risk of arthritis.<sup>1</sup> Occupations such as farming, heavy industry, and occupations with repetitive motion are associated with arthritis.<sup>18</sup>

# NEW YORK STATE

## Arthritis Fact Sheet

### Effective Treatments for Arthritis

- The Arthritis Foundation Self Help Program (formerly ASHC) has proven to reduce arthritis-related pain by 20% and decrease physician visits by 40%. This course involves small group education with a focus on problem solving, exercise, relaxation and communication.<sup>19</sup>
- Physical activity in the form of regular, moderate exercise maintains joint health, relieves symptoms, improves functions, reduces joint swelling, increases pain threshold, and improves energy levels.<sup>1</sup> Several effective physical activity programs are available for people with arthritis. These programs include the Arthritis Foundation Exercise Program (formerly PACE) which has been proven to improve self efficacy in participants<sup>20</sup>, and the Arthritis Foundation Aquatic Program.<sup>1</sup>
- § A 10% reduction of body weight has been shown to improve symptoms such as pain, stiffness and function by 28%.<sup>21</sup> Physical activity and a low fat diet are key to weight management.<sup>1</sup>
- Physical and occupational therapy can help impairments and activity limitations.<sup>1</sup>
- Medications for some types of arthritis can limit disease progression, control symptoms and prevent serious complications.<sup>1</sup>
- Joint replacement therapy often reduces pain and improves activity.<sup>1</sup>

### The New York State Arthritis Program

- In response to the recommendations of the *National Arthritis Action Plan (NAAP)*, the Center for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion established cooperative agreements with state health departments to develop and enhance state-based programs that aim to decrease the burden of arthritis and improve the quality of life among people with arthritis.
- Begun in 2001, the New York State Arthritis Program receives funding from the Centers for Disease Control and Prevention.
- Currently, the New York State Arthritis Program is focusing on activities outlined in the *New York State Arthritis Action Plan*..
- The activities include: Collecting arthritis prevalence data; implementing proven arthritis interventions; developing statewide

partnerships to reduce the burden of arthritis and related diseases; and disseminating arthritis health communication messages

- The New York State Arthritis Program can be contacted at: 518-408-5142 or [arth@health.state.ny.us](mailto:arth@health.state.ny.us)

### References

1. Arthritis Foundation, Association of State and Territorial Health Officials, Centers for Disease Control and Prevention. National Arthritis Action Plan: A Public Health Strategy. Atlanta, GA. Arthritis Foundation, 1999.
2. CDC. Prevalence of Doctor-Diagnosed Arthritis and Possible Arthritis --- 30 States, 2002. MMWR 2004; 53:383. <http://www.cdc.gov/mmwr/PDF/wk/mm5318.pdf>
3. CDC. Targeting Arthritis: Reducing Disability for 43 Million Americans. 2005.
4. CDC. Prevalence of Self-Reported Arthritis or Chronic Joint Symptoms Among Adults—United States, 2001. MMWR 2003; 948-950.
5. CDC. Projected prevalence of self-reported arthritis or chronic joint symptoms among persons aged >65 years---United States, 2005--2030. MMWR 2003;52:489--91.
6. CDC. Arthritis prevalence and activity limitations – United States. 1990. MMWR 1994; 43:433.
7. Prevalence of disabilities and associated health conditions—United States.1999.MMWR 2001; 50:120-5.
8. 2002 National Health Interview Survey.
9. Adults who have never seen a health-care provider for chronic joint symptoms—United States. MMWR 2003; 52:416-9.
10. Sacks JJ, Helmick CG, Langmaid G, Sniezek JE. Trends in deaths from systemic lupus erythematosus –United States, 1979-1998. MMWR 2002;51:371-2.
11. Impact of arthritis and other rheumatic conditions on the health care system – United States. 1997. MMWR 1999; 48:349-53.
12. Dunlop DD, Manheim LM, Yelin EH, Song J, Chang RW. The costs of arthritis. Arthritis Rheum 2003; 15:101-3.
13. New York State Behavioral Risk Factor Surveillance System. 2003.
14. CDC. Direct and indirect costs of arthritis and other rheumatic conditions – United States. 1997. MMWR 2004, 53; 388-89.
15. Schwartz B. Johns Hopkins Arthritis: Lyme Disease. 2005. [http://hopkins-arthritis.org/other/lyme.html#what\\_is](http://hopkins-arthritis.org/other/lyme.html#what_is).
16. Choi HK, Atkinson K, Karlson EW, Curhan G. Obesity, weight change, hypertension, diuretic use, and risk of gout in men: the health professionals follow-up study. Arch Intern Med 2005; 165(7):742-8.
17. Oliveria SA, Felson DT, Cirillo PA, Reed JI, Walker AM. Body weight, body mass index, and incident symptomatic osteoarthritis of the hand, hip, and knee. Epidemiology 1999; 10:161-6.
18. Felson DT, Hannan MT, Naimark A, et al. Occupational physical demands, knee bending, and knee osteoarthritis: results from the Framingham Study. J Rheumatol 1999; 18:1587-92.
19. Brady TJ, Kruger J, Helmick CG, Callahan LF, Boutaugh ML. Intervention Programs for Arthritis and Other Rheumatic Diseases. Health Education and Behavior 2003; 30(1): 44-63.
20. Schoster B, Callahan LF, Meier A, Mielenz T, DiMartino L. The People with Arthritis Can Exercise (PACE) program: a qualitative evaluation of participant satisfaction. Prev Chronic Dis 2005; 2(3):A11.
21. Christensen R, Astrup A & Bliddal H. Weight Loss: the treatment of choice for knee osteoarthritis. Osteoarthritis Cartilage 2005; 13(1): 20-7.